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FOR HEALTH AND PHYSICAL FITNESS

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Revised 1944

HEALTH SERVICES

for the

SCHOOL-AGE CHILD IN OREGON

Issued Jointly by

REX PUTNAM, Superintendent of Public Instruction

FREDERICK D. STRICKER, M. D., Secretary, State Board of Health

Oregon. State joint committee...
Publications

Health Services for the School-Age Child in Oregon

Prepared With the Cooperation of the

OREGON STATE JOINT COMMITTEE FOR HEALTH AND PHYSICAL FITNESS

Representing the

State Department of Education
State Board of Health
State System of Higher Education
State Professional Organizations

By the

SUBCOMMITTEE ON HEALTH SERVICES FOR THE SCHOOL-AGE CHILD

Issued jointly by

REX PUTNAM
Superintendent of Public Instruction

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FOREWORD

This bulletin has been prepared for the use of all persons concerned with health services for the school-age child; however, it was designed especially for the use of school and public health personnel. It represents a cooperative effort in clarifying the problems and procedures that have to do with the functioning of the health service program in Oregon for the school-age population. It is the result of careful study by the Special Committee on School Health Service and of considerable deliberation by the Oregon State Joint Committee. The report describes in some detail the development of a health service program in the Oregon schools and, in addition, clarifies the opportunities and responsibilities of the various groups, agencies, and personnel involved.

The Oregon State Joint Committee for Health and Physical Fitness, which for a period of some five years has been studying the problems of the health of the school population, is composed of representatives of the State Department of Education, the State Board of Health, and the State System of Higher Education. The Joint Committee was organized as a result of recommendations which were made by a special committee of the City Superintendents' Association after a year-long study of health problems in the schools. Its functions are to explore the problems that arise in connection with school health education; to determine general policies; to clarify lines of authority; to establish working procedures; and to promote effective cooperation among all agencies attempting to improve the health of school-age children. Its work is concerned with several main aspects of the school health and physical fitness program; namely, (1) health service, (2) health instruction, (3) healthful school regimen and environment, and (4) physical education.

The Oregon State Joint Committee for Health and Physical Fitness is deeply indebted to the special committee on health services that prepared this bulletin. The original committee consisted of Dr. Ellsworth Gardner, then Lane County Health Officer, chairman; Mrs. Nova Young, Supervisor of Nurses, Marion County Health Department, Salem; Dr. Charles Wilson, Medical Arts Building, Portland; Dr. Louis Morris, Oregon City; and Dr. J. F. Cramer, Superintendent of Schools, Eugene. Later Doctor Gardner was called to other service and Dr. Vernon A. Douglas, then Marion County Health Officer, replaced him as chairman of the committee. The final mimeographed draft of the report was made by the Administrative Committee of the

Joint Committee composed of Dr. Harold M. Erickson, Miss Ethel Mealey, Mr. Lestle Sparks, and Dr. V. D. Bain. The final editing of the 1944 revised publication was performed by the Editing Committee of the Oregon State Joint Committee: Miss Joy Hills, Miss Ethel Mealey, and Mr. H. S. Hoyman.

Because we believe it will meet a genuine need long experienced by public health and school officials, we are happy to present this joint publication on the Health Services for the School-Age Child.

Rex Putnam

Superintendent of Public Instruction

Frederick D. Stricker

Secretary, State Board of Health

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Introduction

Democracy as a way of life is good because it is the only way of life so far known to man in which human welfare, human worth, and human happiness are preeminent. It is the only existing way of life which recognizes the ever-changing nature of society and challenges men through individual achievement to build a better life for all. Democracy is dependent for its existence upon individuals who possess physical vigor, mental poise, social-mindedness, and a scientifically critical and constructive intelligence. These qualities are not transmitted from one generation to another through the blood; rather, each generation learns anew the tenets by which democracy survives and progresses toward the ultimate ideal only as it is able to profit by the experiences of preceding generations. Thus the role of education in the democratic state becomes apparent.

Whether we will or not, individuals in any society undergo a continuous process of physical, mental, and emotional changes. These changes may be described as "growth processes" which may progress at random or may be subjected to direction. Direction of these growth processes is *Education.* Direction of these growth processes to the end that individuals may become personally and socially efficient and may be able to exercise control of self is *Democratic Education.* Since growth is a continuous process enduring as long as life itself, education also becomes a continuous process beginning with birth and lasting throughout life. Many agencies and institutions of society contribute to the directed growth or education of the individual.

Education is concerned with the development of the total individual and must of necessity have several phases. Each phase, though distinct in itself, never loses identity with the whole. That phase of education the chief function of which is to provide the stimulation, knowledge, and experience essential for physical and emotional well-being is *Health Education.* The *Health Program* is the means for the implementing of health education. Just as many agencies have contributions to make to general education, so many agencies have contributions to make to health education and the health program. In Oregon there are two agencies which have legal responsibilities in this respect, the school and public health.

The health program for the school-age child has three aspects—(1) Health Services which have to do with prevention, detection, and correction; (2) Environmental Services which are concerned with

inspection, establishment, and maintenance of healthful school environment; and (3) Instructional Services which provide the basic health instruction, incidental health instruction, personal guidance, and cooperation with the home and community.

The problem of providing adequate health services for the school-age child is a complicated one. Many of the services depend upon highly trained professional persons, physicians, nurses, and sanitarians whose time for such services is limited. Health services must be properly related both administratively and educationally to the entire school program. They involve close cooperation by many agencies and persons. Certain responsibilities belong clearly to the home, the private physician, the public health department, the school, or perhaps other community agencies. Other responsibilities must be shared jointly by two or more of these agencies.

This bulletin is a joint effort to clearly define such responsibilities and relationships.

Point of View

This bulletin is concerned with planning health services which are necessary for the benefit of the school-age child. In planning such a program a basic point of view should be considered. The following is the point of view upon which this program is based:

I. The school-age period is only one period in the individual's chronological growth and development. Since growth, development, and education are continuous processes, the individual, as he comes to school, is a product of what has happened to him during the prenatal period and the years prior to his coming to school; thus, the health service program should be based upon what has gone on before.

II. The school-age group is a part of the total community group or population. Therefore, a health service program for those of school age should consider the individual in all of his relationships in school, in the home, and in the community.

III. Health status is an individual responsibility. All health services should be planned and rendered in such a manner as to help the pupil to: help himself; become increasingly self-directive in using health services; become more understanding and intelligent about his responsibilities for his own health and that of others.

IV. Health status is also a group responsibility. The responsibility for having a program for improving and maintaining high standards of health is shared by many individuals and groups, including the following:

A. Parents
B. Medical, dental, and nursing professions
C. Departments of education
D. Public health departments
E. Public welfare organizations
F. Volunteer agencies
G. Civic and social clubs and organizations

It is recognized that the parent is primarily responsible for the young child's health. However, the child has a right to be in a condition to profit from his school experiences, and to develop into a healthy, useful citizen. If the parents are unable

or unwilling to provide needed services, some appropriate agency, public or private, should assist in providing them.

The school, in assuming a responsibility to promote good citizenship, should practice and teach the value of having distinct and separate departments of health and education, each with their own responsibilities; and should show how these two departments, by working together closely, can benefit themselves at the same time they are rendering valuable service to the individual child, the family, and the community. The school should assume the responsibility of acquainting and guiding the child and his parents in utilizing these two established community facilities for their mutual benefit. The health service program carried on for the school-age child is an integral part of the community health program. The school should share leadership in any program which helps the community discover the health needs of its families, and mobilize the resources of the community to meet them. The means available for preventing, finding, and correcting handicaps to learning, and to physical fitness, are of vital concern to the school and health authorities—the two groups which have legal and official responsibility for the health of the pupil. Yet, these two authorities cannot operate effectively and economically without the wholehearted cooperation of parents, private physicians, dentists, and public and private health and welfare groups in the community.

V. It is recognized that many specific services involving different methods, procedures, and skills are required for an effective and economical health service program. Furthermore, the philosophy of the program is based on the belief that every service should be rendered in such a way as to emphasize educational values. These educational values are not for the child or youth alone, but also for the adult.

VI. Many of these agencies encourage and promote health prior to and following the school-age period, which further enhances the value of their participation in group planning. It is obvious that a successful health service program demands group planning and participation.

Personnel Concerned With the Health Service Program

I. School Personnel

- A. School administrators—superintendents and principals
- B. Supervisors
- C. Classroom teachers
- D. Homeroom teachers
- E. Special teachers (science, health education, physical education, home economics, guidance, athletic director, visiting teacher, and others)
- F. Non-professional personnel (clerical employees, custodians, bus drivers, and cooks)

II. Public Health Personnel

- A. Public health administrator—health officer
- B. Physicians and dentists on health department staff
- C. Public health nurses
- D. Medical social workers
- E. Special services (orthopedic and plastic, speech, child guidance, consultants on hearing and vision, nutrition, oral health, health education, mental health, and others)
- F. Technicians
- G. Sanitary engineers, sanitarian, inspectors

III. Private Medical and Dental Professional Personnel

IV. Social Workers

V. Voluntary Organizations and Volunteer Workers

- A. Professional groups
- B. Lay groups

VI. Federal Aid Groups

Outline of Plan for Health Service

I. Plan for Coordinating Contributions of Various Groups

A. Every community may not provide all of the health services for the school-age child outlined in this optimum plan. Among the thirty-six counties in Oregon there is great variation in wealth, personnel, and facilities. There are different types of administrative units in the school systems. The county may have a full-time county health department with a health officer, public health nurses, laboratory technicians, and clerical assistants. There may be a part-time health officer, or there may be a part-time public health nurse. The problem is: How can joint leadership be achieved in developing and administering an effective and economical health service program according to funds, personnel, facilities, and equipment available? The two official agencies, education and health, must get together and work out plans to

1. Determine needs and select necessary health services
2. Determine policies and procedures
3. Define lines of authority
4. Define specific responsibilities
5. Define joint responsibilities
6. Secure parent participation
7. Secure cooperation of other community agencies

B. These plans must be considered in relation to each phase of the comprehensive health service program which should include plans for

1. Control of communicable disease
2. Determining health status of the individual
3. Records and recording
4. Follow-up
5. First aid and emergency care
6. Sanitation and school regimen

II. Plan for Control of Communicable Disease

A. Define responsibility for control of communicable disease

1. **Public health personnel:** Protection from communicable disease; control through quarantine and other measures; inspection and recommendations relating to environ-

mental dangers contributing to communicable disease; and decrease of mortality are primarily responsibilities of public health authorities.

2. School personnel: The administrative, instructional, and non-professional personnel of the school also have important responsibilities in the control of communicable disease. Determining and interpreting policies; supervising; providing time and facilities for putting policies into practice; maintaining hygienic environmental standards and school regimen are all school administrative responsibilities. Observation, inspection, and referral of pupils; instruction, maintenance of good ventilation, and heating in the classroom are teacher responsibilities. Non-professional personnel, such as custodians, cooks, bus drivers, have specific contributions to make. Any personnel associated with pupils should be free from communicable disease.
3. Joint responsibility: *Teamwork, rather than division of labor, is the important element in the successful operation of the program.*

B. Immunization and tests

1. Parent and family physician: Ideally, immunization is not a school responsibility; it is a preventive health measure that belongs within the scope of the home and private physician relationship. Immunization should have been accomplished before the child enters school.
2. School: In reality, however, the school does have the important responsibility to cooperate with the health authorities to provide the following services for the pupil with parental permission:
   a. To check children who have not been immunized against diphtheria and smallpox
   b. To verify pupil's immunity by means of skin test; find children in need of re-immunization
   c. To test for tuberculosis
      (1) The following is the recommended plan:
         (a) Test all pupils belonging to families known to have tuberculosis; and other exposed cases
         (b) Test all pupils in grade one
         (c) Test all high school pupils
         (d) Test all other pupils referred for this purpose through teacher-nurse-physician conference

(2) If this cannot be accomplished because of personnel and funds, then the following recommendation is offered:
   (a) Test all contacts of families known to have tuberculosis; and other exposed cases
   (b) Test all pupils in grade one
   (c) Test all pupils in first and last year in high school
   (d) Test all other pupils referred for this purpose through teacher-nurse-physician conference

3. **Joint responsibility:** Provision should be made to have an X-ray for all positive reactors. In all counties in Oregon it is possible to work out such a plan through the cooperative efforts of the county public health associations, county public health departments, private physicians, parents, and schools.

C. Inspection before child comes to school

1. **Parent:** The home is the first line of defense in the control of communicable disease. If the child shows signs of illness, or the onset of a communicable disease, it is the parents' responsibility to keep the child at home. It is obviously better practice to keep a sick child at home than to send him to school only to be excluded.
2. **Joint responsibility:** In order that the parent be informed about the signs of communicable disease, the health department should furnish this information for distribution by the school. This should be in conjunction with public education and home visits by the public health nurse.
3. **Parents and administrators:** Less importance should be placed on perfect attendance, thus releasing the pressure of being in school when ill. This is important both to protect the school from spread of epidemics and to protect the ill child.
4. **Bus drivers:** They should be aware of the dangers and obvious signs of communicable diseases.
5. **Joint responsibility:** The school and health administrators should develop a systematic plan for reporting suspected communicable cases to the health department.

D. Daily inspection and observation in school

1. **School administrator:** The school should provide for daily health inspection of each pupil in order (1) to detect

incipient communicable diseases; (2) to protect the school population; (3) to educate the child about communicable disease and his responsibility to himself and to others.

2. **Public health nurse:** The method of conducting the inspection in the classroom may be demonstrated and explained to the teacher by the public health nurse. Early signs of communicable disease should be explained to the teacher by the nurse.
3. **Health department:** The health department should furnish the school with copies of the chart on control of communicable disease, revised in 1943. Procedures agreed upon by all local authorities concerned should be followed.
4. Daily inspection should be supplemented by observation of children throughout the school day.[1]

E. Isolation at school and taking ill child home

1. **School responsibility:** The ideal practice to follow for general protection against communicable disease is to exclude all the children with suspicious signs without attempting to establish a diagnosis. Every school should have a designated place for isolating such children until they can be taken home.
2. **Joint responsibility:** A definite plan for sending the child home should be worked out and understood by all concerned. Obviously there are two ways in which the child may be sent home:
   (a) The parents may call for the child. This is desirable, but more often this cannot be done because of distances and lack of facilities; and, too often the parents cannot be reached.
   (b) Someone may take him home. The question is, who is the "someone"? Pupils who appear ill should be taken home by a volunteer. Professional personnel, either education or health, should not be used unless the nature of the illness requires professional care. Then, it is the nurse who should take the child home. The important point is that the ill child must not be sent home alone.

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[1] Publications of Oregon State Joint Committee for Health and Physical Fitness. Vol. 1, No. 2, 1944. *Manual for use of the School Health Record Card.*

F. Investigation of absences due to illness

Teacher and public health department: A definite plan for reporting cases of illness to the health department should be developed locally. The teacher is in a strategic position to learn the cause of absence. Communicable diseases should be reported to the health department. If the illness is diagnosed as a communicable disease by the private physician or health officer, the regulations for handling it should be enforced by the health department.

G. Readmission following a communicable disease

1. **Joint planning:** A plan for readmission should be developed locally by the health and school officials. Readmission policies will depend upon existing organization, and health, and school facilities. The following are procedures for readmission in order of desirability:
   a. Certificate from private physician
   b. Certificate from health department
   c. Judgment of school principal or teacher who is delegated that authority
   d. Note from parent

   In cases of chronic, minor contagious diseases, such as impetigo, ringworm, and scabies, a written statement from the private physician, health officer, or public health nurse must be presented, stating that the disease is not in an infectious stage.

2. **Any plan for readmission should establish these points:**
   a. The child did or did not have a communicable disease
   b. Regulations established by State Board of Health for communicable diseases were followed
   c. The child is able and safe to return to school
   d. The child is able to assume full work
   e. The child should have a restricted program

   (A printed form incorporating these points may be used which would insure medical confirmation and understanding by the teacher.)

H. Continuing schools in session during an epidemic

Joint responsibility: During an epidemic it is usually considered better practice to continue in session unless the epidemic is of such nature as to warrant closing all public

meetings. This is a problem for the various agencies in a community to decide. Among high school groups, if there is danger of spread of communicable disease, it is advisable to discontinue athletic and other mass events. The seriousness is to be determined or judged in relation to age.

I. Instruction by teacher

There are many educational opportunities and experiences in relation to the control and care of communicable diseases. These should be utilized. Health instruction should function in developing attitudes and incentives to action relative to immunization and cooperative effort in control and care of communicable disease. Correct use of drinking fountains, habits of cleanliness, washing hands before eating, keeping fingers and articles out of the mouth are important factors. The county health departments have a supply of authentic material for distribution.

J. Sanitation

Joint responsibility: Adequate, clean toilet and washroom facilities are important measures in preventing spread of communicable disease. Clean dishes in cafeteria, good plumbing, clean drinking fountains, good health habits are all important factors in control of communicable disease. A policy with reference to school books and materials used by children who had a communicable disease should be jointly agreed upon.

III. Plan for Determining Health Status of the Pupil

A. Annual health examination by private physician

1. Parent and private physician: Effort should be exerted in the direction of the ideal, i. e., an annual health examination for every child by the family physician—a parent responsibility.

2. Family physician—School: As the ideal becomes a practice, plans should be worked out with reference to relationships, records, transmittal of records, and pertinent information and recommendations from private physicians to the school or health personnel to be used in planning the pupil's program of living.

B. Annual health inspection by teacher

Teacher and public health nurse: The annual health inspection of the pupil by the teacher is required by law in Sec. 35-3301, Oregon School Laws, 1937 (111-2911 OCLA). The inspection is for the purpose of discovering the defects of "vision, hearing, breathing, dentition, and other external obvious defects which might interfere with the normal education of the child". The nurse can be of real value to the teacher by demonstrating and interpreting procedures.[2]

C. The health examination at school

If the parents of the child are unable or unwilling to have the annual examination by the family physician, then, in order to safeguard the individual child, the school should give this problem consideration. Neither the school nor the health department has time nor money to have a staff that can examine every child every year. According to time, personnel, facilities, equipment, and money, the best practice appears to be the use of the screening process—selecting those children who, according to group opinion, appear to be in need of an immediate examination.[2]

1. Physician: The purposes of the examination in school are—
   a. To find out if the child is physically fit to assume his responsibilities.
   b. To demonstrate to the child and his parents the value of a further, more complete examination. This is obviously for the elementary school child. The high school pupil should be able to assume increasing responsibility for his own health.
   c. To guide, or advise the parent as to desirable or good health practices.
   d. To recommend and advise about the proper resources for carrying out the recommendations.

2. Joint responsibility: The selection, examination, and referral of pupils with health problems for further follow-up and medical attention require close teamwork on the part of the pupil, parent, private physician, teacher, health officer, public health nurse, and other appropriate health agencies. Each person and group has a skill, a strategic opportunity, responsibility, and contribution which must be recognized

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[2] Publications of Oregon State Joint Committee for Health and Physical Fitness. Vol. 1, No. 2, 1944.

and utilized in order to have an effective health program. The parent has a background of information and an emotional interest that can be used to advantage. After all, the pupil is the one in whom interest centers; it is essential that he, too, become a member of the team and do his part.

The teacher has an excellent opportunity to observe pupils during the entire day for many days in succession. The teacher has the opportunity for individual and group instruction and guidance. The nurse has the unique opportunity to visit the homes and to talk with parents, pupils, teachers, and physicians. The physician has technical skill in examining pupils and an educational opportunity during the examination. The parent has a background of understanding and emotional interest and responsibility. Through the cooperative efforts of these individuals and groups an effective understanding of health can be developed.

D. Plan for routine examination of first-grade and new pupils

It is advisable for all first-grade and new pupils in a school system to have a health examination. This is for the educational experience and to determine fitness for school responsibilities. Parents should recognize the value of their presence during the examination of younger children.

E. Plan for referrals[3]

A definite plan should be developed locally for logical steps in taking care of referred cases. It may be noted that all cases for referral are not necessarily for correction of defects; they may be for an adjustment in the plan of living.

F. Screening by teacher and nurse[3]

1. **Daily observation and recording of data by the teacher.** Teacher observation is basic to discovering health needs. Such observation enables the teacher to have valuable information which serves in part as clues to guide the physician and nurse in doing their part for the child. The sharing of information about the child by the parent, teacher, nurse, private physician, and health officer is indispensable.

[3] Publications of Oregon State Joint Committee for Health and Physical Fitness, Vol. 1, No. 2, 1944.

When the teacher and the nurse pool their various findings and information about the pupil and the factors influencing his health, more intelligent and thoughtful attention can be given to the individual in less time.

2. **Demonstration by nurse—Joint responsibility:** The two administrators, (education and health) should plan a definite schedule for demonstrations to teachers of approved procedures for screening purposes, including:[4]
   a. Height and weight measurement as an index to growth
   b. Hearing testing
   c. Vision testing
   d. Dental inspection

3. **Teacher-nurse conference:** The school administrator should make provision for a place and time for teacher-nurse conferences. These should be held as often as conditions indicate, routinely twice, and at least once, each year. In this manner, every child is considered and cases are selected for reference.

4. **Public health nurse:** The home visit by the nurse following the teacher-nurse conference, is an important step in the plan for finding health needs. The nurse has opportunity to:[4]
   a. Explain process of screening
   b. Explain importance of consulting the private physician
   c. Encourage use of private physician and secure his name for the School Health Record Card
   d. Interpret the value of the health examination
   e. Show the importance of the parent being present for the examination of younger children
   f. Advise as to adjustments in the pupil's plan of living
   g. Get health history before examination
   h. Coordinate infant and preschool examination
   i. Secure, interpret, and share pertinent information with school in order to help the school fulfill its advisory function

G. Teacher instruction in preparation for health examination and inspection

Teacher: Another essential step in the examination is the understanding of, and interest in, the health examination on

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[4] Publications of Oregon State Joint Committee for Health and Physical Fitness, Vol. 1, No. 2, 1944.

the part of the teacher. The teacher can prepare and motivate the children for the inspection and health examination.

H. Plan for specialized health examination

1. Some children may need specialized examinations because of mental or physical handicaps or emotional maladjustments for which special medical and educational recommendations must be made. These are the crippled children, and those with hearing loss, vision handicap, speech difficulty, social adjustment problems, dental defects, childhood tuberculosis, cardiac deficiency, rheumatic heart, and other disturbances. There is another group which requires a special examination—those who engage in competitive sports—intramural and interschool. There are two problems relating to these individuals: First, how to select the pupils who need special services; and second, how to secure special services.

2. **Joint responsibility:** A solution to these problems necessitates the cooperative effort of school and health authorities, parents, and specialists.

3. **How to select pupils:** The steps or procedures in finding the needs of the pupil with special difficulties are the same as for other pupils, namely—

   a. A plan by which the preschool health record becomes a part of the pupil's cumulative health record carried through his twelve years of school
   b. The report of the health examination from the *family physician*
   c. The annual inspection by the *teacher*
   d. The mass testing of pupils for hearing loss by a *technician* with an audiometer
   e. Routine oral inspections by *dentists*
   f. The *teacher's* daily observation and record
   g. The *teacher-nurse* conference
   h. The *nurse* referral to the parents
   i. The *nurse* referral to the health officer or examining physician in the school for a preliminary health examination
   j. Conference of *parents* and health officer or examining physician and nurse

   At this point cases requiring special examination or advice will be revealed.

4. How to secure special assistance: Securing medical diagnosis, advice, and assistance, are essential before an educational program can be planned for children with difficulties. *This is the responsibility of the parents—with the health department serving in an advisory capacity.* The health officer may advise the parent, at the time of the conference or through the nurse home visit, to go to the family physician or to a specialist, or refer the parent to the appropriate agency for consultation. The following are some of the available resources for consultation—
   a. Private physician
   b. Medical specialist
   c. State Board of Health
      (1) Hearing and vision
      (2) Mental health
      (3) Oral health
   d. University of Oregon Medical School
      (1) Crippled Children's Division
      (2) Child Guidance Clinic
      (3) Doernbecher Hospital
      (4) Out-patient Clinic
   e. State Tuberculosis Hospitals
   f. State School for the Blind, Consultation Service
   g. Shriners' Clinic
   h. Fairview Home
   i. Public Welfare Commission
5. Medical care: This is definitely a medical function, and is arranged for through the consultation service.
6. School personnel: School authorities and personnel have specific responsibilities. It is their obligation to assist in finding the pupils who need special care and attention; to refer such pupils to the nurse through nurse-teacher conference; to help influence parents to obtain medical advice for their children; and to provide for the education of the handicapped child. The following are some of the available resources—
   a. State Department of Education
      (1) Program of Education for the Handicapped
      (2) Vocational Rehabilitation, Division of Vocational Education

(3) State School for the Blind
(4) State School for the Deaf
(5) Fairview Home

7. **Health department:** After all possible assistance has been obtained through the above procedures, the health department should inform the school of the recommendations and results.

I. The special physical examination for the pupil participating in competitive games, intramural and interschool

1. **Joint responsibility:** The method of providing, at the beginning of each season, adequate physical examination for pupils who participate in such a program must be arranged according to community facilities. The State Departments of Education and Health should decide whether routine examinations are feasible in the community. One of the following methods for providing routine physical examinations may be utilized:
   a. An insurance plan may provide for these examinations
   b. A limited number of such examinations may be performed by the local health officer
   c. A special budget to compensate private physicians may be provided to assist and supplement services of the local health department
2. If the making of routine physical examinations does not seem practicable in the area, then some method of screening should be utilized. The examinations thus indicated may be arranged as follows:
   a. A limited number of such examinations may be performed by the local health officer
   b. A special budget to compensate private physicians may be provided to assist and supplement services of the local health department
3. Following illness or for other special reasons, further participation by a pupil in sports should be allowed only upon a doctor's recommendation and under his supervision.

J. Modified physical education activity

Joint responsibility: Excuse from physical education or for modified physical education activity should be based upon

a written recommendation by a duly licensed physician. Such recommendation should include certain basic information—

a. Reason for excuse for modification

b. Type of modified activity

In order to assist the physician in making recommendations, the school should prepare a memorandum describing the specific physical education activities of the school. This memorandum should be furnished along with the excuse form or may be part of it.

IV. Plan for Records and Recording

The proper functioning of all services depends upon good record forms and record keeping. The most important fact concerning records is that they serve a purpose; that they are used. It is not records for the sake of records.[5]

A. Essential records

1. **Medical record:** Used by and filed in health department.
2. **Oregon school health record card:** Used by teacher, nurse, physician. Filed in teacher's desk, transferred with scholastic records.
3. **Report to parent of annual health inspection:** The school is required by law to make this report when the results of the inspection indicate a serious condition. It is important that such reports be made only when there is genuine need of medical care or advice. It is recommended, therefore—

a. That in counties having a health unit with a full-time public health officer, the report be sent to the parent upon the recommendation of the public health officer to whom the pupil has been referred through the teacher-nurse screening.

b. That in counties in which referral to the county health officer for examination is not feasible the report be sent to the parent following the teacher-nurse conference.

In either case the public health nurse should help the teacher prepare the report, and whenever possible follow the report with a home visit.

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[5] Publications of Oregon State Joint Committee for Health and Physical Fitness. Vol. 1, No. 2, 1944.

4. **Teacher's health inspection report:** This is the summary report to the county school superintendent originally required after teacher inspections. The plan for teacher-nurse conference and referral to the physician will result in a much more accurate appraisal than was formerly possible. It is recommended that this report be made at the close of the year and submitted to the county superintendent with the teacher's annual report. A later recommendation will be made concerning the items to be reported.

5. **Cumulative records:** The new health record card should be kept up to date and on file with the cumulative record (either card or folder type). When this is done, that part of the cumulative record pertaining to health status need not be filled in.

B. Recording

According to local situation the recording of items in the health examination may be done by the teacher, the nurse, or a volunteer worker properly instructed. Accuracy in recording is the first essential in securing proper follow-up and correction. Through observation, preliminary testing, nurse-teacher conference, home visit, or examination by physician at school, the severity of the health problem may be indicated on the record for further follow-up.

V. Plan for Follow-up

The ideal goal toward which to direct the effort of all is that 100 per cent of cases found should receive proper attention. Without adequate follow-up, nothing of benefit to the child results, no matter how excellent the diagnostic program. The untreated condition may become increasingly worse and unnecessary repeated diagnosis is costly in time and money. The steps to reach this ideal are:

A. Nurse-teacher

1. After the examination by the physician, the nurse and the teacher must clearly understand the need in each case, and the recommendations which have been made.

2. The parent must now be fully informed and convinced that action is necessary. This is a nurse-teacher responsibility.

B. Parent-health department

Appointment with the proper individual or agency for attention. This is a home responsibility, but the health department may render valuable assistance in making the appointments.

C. Health department

Adequate care having been provided, the home and school should be informed about the status of the case and recommendations for further procedures. The latter is the responsibility of the health department.

VI. Plan for First Aid and Emergency Care

The first step is to emphasize the preventive program; exert every means to prevent accidents and illness. Analyze the accidents which have occurred and take steps to prevent recurrence; eliminate hazards; encourage and promote pupil responsibility. However, provision must be made to meet the unpredictable in accidents and illness. The plan, which must be clearly understood by everyone, should include:

A. Plan for immediate care

1. School responsibility: Some one person in the school should be *delegated* definite responsibility for immediate care. Just as in the home, so in the school, a nurse or a physician is not always present.
2. Specific place designated for such care: This should be equipped from school funds according to recommendations from the health department. In case of an illness which *appears* to be suspicious, have a place where the pupil may be isolated from other children until he can be taken home.

B. Plan for notifying parents

C. Joint responsibility

A plan should be agreed upon by the school authority and health authority and parents for calling a private physician in an emergency. A name of a physician should be on the pupil's health record card.

D. Plan for sending the pupil home

VII. Plan for Sanitation and School Regimen

There can be no argument regarding the school's responsibility for maintaining a healthful environment. Children of school age are legally required to attend school. The authority to compel attendance logically carries the responsibility to provide an environment conducive to growth, learning, and health. Parents have the right to expect that the school be a safe and healthful place for their children.

The first considerations in providing a healthful environment and regimen for the school child are the customary factors of school sanitation including adequate and hygienic lighting, healthful and comfortable heating, proper ventilation, a continuous supply of towels and soap, adequate toilet and washing facilities, a safe supply of drinking water, a sufficient number of drinking fountains of approved design, correct plumbing, sanitary sewage disposal facilities, modern safety and fire preventive provisions, accepted methods for garbage and refuse disposal, ample play areas, seating which prevents fatigue and encourages good posture, a clean place for lunch boxes, and a school building and grounds which are clean and attractive. Arrangement of classes, opportunity for relaxation, length of classes and lunch periods, provision of playtime, attractiveness of classrooms and similar factors constitute the regimen which can conserve or destroy the health of the growing child in school.

While it is primarily the function of the school to *maintain* a healthful environment—the maintenance comes from the school budget—other groups in the state have primary responsibility and a legal responsibility to *inspect* school buildings, equipment, and grounds, and to make such *recommendations* as are necessary according to adopted state codes and standards. The school looks to local health departments, certain divisions of the State Board of Health, the State Labor Commission, the Fire Marshal's Office, and others for advice and consultation, based on careful inspection, in maintaining desirable sanitation and safety standards.

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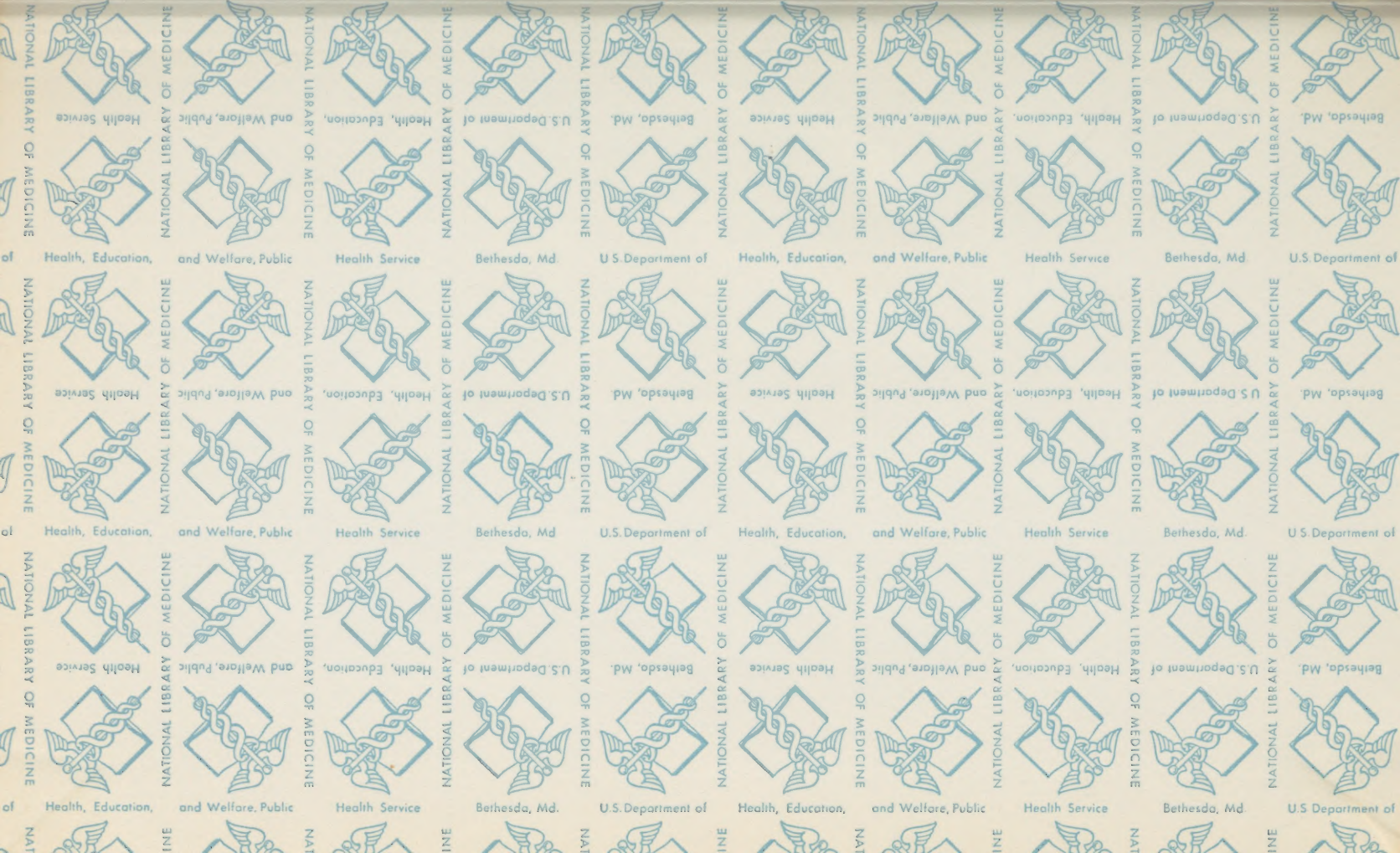
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